

**APPLICANT CERTIFICATION OF CONTACT WITH SSA TO CHANGE
STATUS FROM INSTITUTIONAL CARE TO A HOME SETTING**

This is to certify that I have notified the Social Security Administration

on _____ that I will be discharged from _____ to
(date) (facility name)

live in my own home located at _____.
(address)

Signature of applicant: _____

Printed name of applicant: _____

Social Security Number: _____

Date: _____